PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

HBHN. 2-15

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	R THAN
_			(Colur	(Column 1)		(Column 2)		TYPE		OF	OR SMALL ENT	
TOTAL CLAIMS			6	6				RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		IBER EXTRA		BASIC FE	385.0	OF	BASIC FE	
TOTAL CHARGEABLE CLAIMS			<u>6 n</u>	minus 20=		•		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				minus 3 =		•		X43=	digital	OR	X86=	
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				+145=	1	OR		
*	f the differenc	e in column 1 is	s less than :	zero, enter	"0" in	column 2		TOTAL	785	OR	TOTAL	-
	(THAN				
·	,	(Column 1)		MENDED - PART II (Column 2) (Column 2) (Column 2))	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			=	1 [X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL			TOTAL	
		(Column 1)		/C-1	- 0)	10 1 01	Α	DDIT. FEE	<u> </u>	JOR ,	ADDIT. FEE	<u></u>
		CLAIMS		(Colum		(Column 3)	1 -			- ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	•	= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT C	CLAIM	<u> </u>	-			100		
							Ĺ	+145=		OR	+290=	
							. AD	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	
		(Column 1)		(Column	r 2)	(Column 3)		•			•	
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ב ב ב	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	, <u>C.</u>
	Independent	*	Minus	***		=		X43=			X86≐	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	700=	
+145= If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	·
11	the "Highest Nurr	nber Previously Painber Previously Pai	d For IN THIS	S SPACE IS IN	ee than	20 enter *20 *	ADI	TOTAL DIT. FEE	·	OR A	TOTAL DOTT. FEE	
TI	ne Highest Numb	per Previously Paid	For (Total or	Independent)	is the i	o, enter 3. nighest number	found	in the appr	opriate box	•		